

CAPTURE OPERATION QUESTIONNAIRE

Project Location _____
 Project Contact (Name) _____
 Phone: _____ Cell: _____
 Fax: _____
 Project Date(s) Start _____
 Est. Completion Date _____

Billing Address _____

 Billee Code: _____
 Cost Code: _____

Pricing Method Requested:

<input type="checkbox"/> Per Head Cost	<input type="checkbox"/> Contract Flight Hour	<input type="checkbox"/> Daily Availability
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Description of work requested: _____

Capture Location Information

GPS Coordinates	N- _____
	W- _____
Type of Terrain	_____
Elevation	_____
Size of Capture Area	_____
% of Ground Cover (Trees, Brush, etc.)	_____

Service Provider

Government Provided	Contractor Provided Crew
Gunner	Gunner
Muggers	Muggers
Veterinary Services	Veterinary Services

Equipment

Government Provides	Contractor Provided
Net-Gun and Nets, canisters, blanks	Net-Gun and Nets, canisters, blanks
Dart gun and Darts, blanks	Dart gun and Dart, blanks
Immobilization Drugs / Reversal Drugs	Immobilization Drugs / Reversal Drugs
Hobbles / Blindfolds	Hobbles / Blindfolds
Transport equipment	Transport equipment
Radio Collars and attaching tools	Radio Collars and attaching tools
Biological sampling equipment / Syringes, gloves, needles etc.	Biological sampling equipment / Syringes, gloves, needles etc.

Services Required

	Paint Ball Marking			
	Eradication			
	Drive Trapping			
	Drive Netting			
	Darting (Chemical Immobilization)		High Velocity	Low Velocity
	Net-Gunning			
	Animal Transport			
	Biological Sampling			
	Collar Placement			
	Ear Tagging			
	Collar Distribution			
	Telemetry			

Animal Information

☐ Initial Capture of Animals ☐ Recapture of Animals

Animal Species			
Number of animals			
Animal Gender			
Animal Age			
Animal Density			
Any Known Diseases			
Type of Disease*			

* Capture's that are conducted in an area that is identified as a CWD suspected area, will require that the Government purchase and retain control of the equipment utilized, to prevent spread of the disease to other areas. This will include nets, blindfolds, restraints and transport equipment.

Biological Samples*

	Inoculation(s) / Subcutaneous, Intramuscular, Intravenous		Tooth Extraction
	Animal Conditioning		Body Measurements
	DNA Sample		Fecal Sample
	Ultra-sound		Vaginal Swab
	Blood Samples		Pharyngeal Swab
	Nasal Swab		Ear Swab
	Vaginal Transmitter Placement		Subcutaneous Transmitter Installation
	Collar Installation		Ear Tag Installation

* Sampling equipment required to collect biological samples will be Government provided unless otherwise agreed on.

Must Have the Signature of the Project Manager

Signature: _____

Printed: _____

Date: _____